

SUPPLEMENT ATTACHED

AMENDMENT ATTACHED 6-16-1965, *h m u*

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. *129*Registered No. *82*

1. PLACE OF BIRTH

County *Gila*State *Arizona*

District or Township

or Village

City *Globe*

No.

St.

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child *Ruben Duarte*

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY
in event of plural
births. *L*

4. Twin, triplet or other

6. Legitimate?

7. Date

of birth

Month

Day

Year

8.

FATHER

Full name

Fredrico Duarte

14.

MOTHER

Full maiden name

Aurelia Rosalis

9. Residence

(Usual place of abode)

If non-resident, give place and state.

Globe, Arizona

15. Residence

(Usual place of abode)

If non-resident, give place and state.

Globe, Arizona

10. Color or race

*Mexican*11. Age at last birthday *32* (Years)

16. Color or race

*Mexican*17. Age at last birthday *24* (Years)

12. Birthplace (city or place)

(State or country)

Mexico

18. Birthplace (city or place)

(State or country)

Mexico

13. Occupation

Nature of industry

Miner

19. Occupation

Nature of industry

*Housewife*20. Number of children of this mother *Three*

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living *Three*(b) Born alive but now dead *None*(c) Stillborn *None*

21. Were precautions taken against ophthalmia neonatorum?

Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was

born alive
(Born alive or stillborn.)at *8:30 A.M.* on the date above stated

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature

T. C. Harper
Physician

(Physician or midwife).

Given name added from
a supplemental report.

Month, day, year

Address

Globe, Arizona

Filed

*4-30*19*27**Dr. Dr. Horst*

Registrar

Registrar

945-406-199